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Original Communications.

MULTILOCULAR ENCYSTED DISEASE OF
THE CELLULAR TISSUE, RECURRENT
AFTER OPERATION.

By HENRY J. BIGELOW, M.D., and R. H. FITZ, M.D.

A RARE if not unique specimen of this sort was excised at the hospital by Dr. Bigelow, Jan. 21, 1871.

The patient was a man 50 years of age, and an extraordinary circumstance connected with the disease was its persistent recurrence after two previous operations.

The tumor was situated on the chest, below the axilla, midway between the pectoralis and latissimus dorsi muscles, about on a level with the nipple, and was of the size and shape of a flattened goose egg. It first appeared 5 years ago, and was removed by the knife. Twelve months after, having returned, it was treated by a seton for several months, but without permanent effect. Excision was now again resorted to.

The tumor was found to be not only adherent to the skin, but to pervade and transform the cellular tissue, diving between the muscles and even into the slender muscular interstices.

Everywhere quite adherent, it collapsed when dissected out, and yet it was evident that a common cavity did not exist, as the tissue at a little distance from the knife remained distended with a clear yellow fluid.

The larger cysts were of the size of a fibbert; one, indeed, was as large as a pigeon's egg, the smaller varying in size down to that of a pin's head at those parts where the cellular tissue was recently affected.

In the interior of the cavities an irregular cavernous and trabeculated structure was present.

The anomaly of this case is unquestionably the persistent recurrence of the disease. It being a hopeless task to dissect it from every interstice, the whole wound, including the cavities beneath the pectoralis and latissimus dorsi muscles, was left open with the hope of obliterating the tissue by in-

flammatory action. The denuded surface, during the two weeks following the operation, presented an active inflammatory condition, with great swelling and protrusion of the mass; then the swelling subsided, the edge of the wound came together, and the patient was discharged, well, March 18, 1871.

The microscopic examination of the tumor was made two days after its removal. At this time the various cavities were empty, and for the most part communicated freely with one another. At one part the cysts were immediately beneath the cutis, at others voluntary muscular fibres were found lying upon the wall. But cutis and muscles presented no abnormal appearances, the lymphatic glands in the vicinity were also normal. The walls of the cysts were smooth and vascular, often thin and translucent at those parts where they served as partitions between neighboring cysts, and again more thick and opaque where they contained fat-tissue.

Trabeculae, varying exceedingly in size, crossed the cavities, often presenting the appearance of broad, fibrous bands, generally with a crescentic edge, again forming delicate threads connecting different parts of the walls, now and then supported by a lateral thread or band from another part of the same wall.

In some portions a relatively dense wall would exist between two neighboring cysts, quite thin toward the middle point, often perforated by a sharply cut opening, with a thin, translucent border, apparently produced by atrophy at this point of greater pressure and least resistance.

A portion of the wall examined in the fresh condition presented no appearance of epithelium. Several small, pale ovoid nuclei, containing one or two nucleoli, were found floating in the fluid, at rare intervals, surrounded by a finely granular protoplasm, of extremely irregular shape, and with a more or less jagged outline.

Another portion of the wall was covered with carmine; the results were as before.

A third portion was treated with nitrate of silver. Nothing like epithelium was ob-

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tained after the reduction of the silver, merely the irregular, brown patches enclosing uncolored spaces of nearly equal size and similar outline, together with the epithelium of the vessels, and the muscular cells of the media were observed.

The appearances obtained were similar to those found on treating the central tendon of the diaphragm of rabbits with silver after the epithelium has been removed.

The results of these methods of examination being negative, so far as the presence of epithelium was concerned, the specimen was inflated, secured in this condition, and placed in a two per cent. solution of chromic acid, and, after thirty-six hours, was removed to strong alcohol. From the specimen thus hardened, sections were made in various directions and, together with transparent portions of the walls, were examined.

As before, no evidence of the existence of an epithelium was obtained. The walls were made up of a dense fibrous tissue, as a rule containing numerous bloodvessels, in parts containing fat tissue, here and there minute oval openings, with a sharply defined edge, through which adjoining cavities communicated with one another.

The largest cysts were immediately beneath the cutis, and the examination seemed to indicate that the tumor had arisen from a circumscribed accumulation of fluid in the meshes of the subcutaneous cellular tissue. Mutual pressure had produced atrophy and absorption, more or less complete, of the older meshes. At the same time peripherally, similar accumulations had occurred, extending not only in the subcutaneous tissue but also in the intermuscular septa.

Curious in connection with the examination is the absence of an epithelial lining to the walls of these multilocular cysts, it being hardly probable that the lapse of two days after the excision of the tumor would suffice to account for the complete absence of epithelial cells.

A CASE OF DOUBLE CONCEPTION, BEARING ON THE QUESTION OF SUPERFETATION.

By E. CHENEY, M.D., Boston.

Mrs. S., American, aged 40, came under treatment for inflammation and hypertrophy of the uterine cervix, originating in her first confinement, twelve years before. Her general health was much broken and her nervous system greatly impaired. Success followed the use of general and local means, and she was discharged, cured. About six

months subsequently, she became pregnant for the second time, and had no unusual symptoms to disturb "the even tenor of her way" till about the fifth month. At this time, without any known cause, she was taken with pains and bleeding, threatening an abortion. Sedatives and rest were enjoined, resulting in relief for a few days. The symptoms returned, and being unable to see the patient, another physician was called. Opium and tannin were given. During the night I received another call, when I found that the pains had returned and the hemorrhage was profuse. She had passed nearly a chamber-vessel full of blood and clots, among which I found a fetus, with its transparent membranes entire, and altogether of about the size of a common open-face watch. The womb was dilated, and another and much larger fetus was lying with its head entirely escaped from the os, pushing its unbroken vestments before it. Supposing, of course, that miscarriage of this also must take place, I caught the head between my finger and the wall to bring it into the world, when it slipped from my hold and escaped back into the womb beyond my reach. I had never seen a case where the fetus survived such a copious flooding, and to save further trouble I gave a dose of ergot to finish the delivery. To my great surprise the womb contracted, the hemorrhage ceased, and the patient recovered. Thus ended this early and bloody battle between this modern Cain and Abel. The older having gained the victory and expelled the younger from the territory, returned to the undisputed enjoyment of his *pre*-possessions.

Here there were the products of a double conception. One of them bore the marks of about eight weeks and the other of twenty. One was expelled with all the appearances of life and freshness up to the time; while the other was retained and apparently unharmed, notwithstanding the excessive hemorrhage and the extensive separation of its membranes from the womb. With this last the mother was confined at term.

At the Pathological Society of London Dr. Duncan showed portions of a watch part that had been extracted from the fleshy part of a soldier's hip twenty-one days after a bullet had carried it there. A discharging abscess existing, an exploratory incision was made, and the watch extracted. The patient died a short time afterwards.—*Dublin Med. Press and Circular.*

Selected Papers.

ENEURESIS, AND ITS TREATMENT BY A NEW REMEDY.

By JOHN BARCLAY, M.D., Late Assistant-Professor of Materia Medica and Medical Jurisprudence in the University of Aberdeen.

This complaint, called also hyperuresis and incontinence of urine, is a most distressing one, and I suppose that every medical man will agree with me when I say that there are few diseases the treatment of which gives him greater annoyance, is more unsatisfactory in its results, and, consequently, brings him less credit. Incontinence of urine is most frequently observed in childhood, but it may occur at any period of life, from infancy up to manhood. When the disease exists in adults, however, we have usually some mechanical cause in operation, while in earlier years, for the most part, no cause whatever can be ascertained. Both sexes are liable to this affection, but probably it is rather more common in males. In girls it is noticed to be more difficult of cure than in boys.

A great variety of causes have been set down as productive of incontinence, such as general cachexia, scrofula, dyspepsia, hysteria, spinal disease, ascarides, piles, prolapsus ani, a too long prepuce, contracted bladder, hyper-acidity of the urine, hyper-alkalinity of this secretion, want of proper management, bad habit, too free use of fluids consumed during the day, too free use of alcoholic drinks; in some lying on the back while asleep, and so on. Bierbaum says the children of gouty parents are very liable to enuresis, but I cannot say that in any of my cases gouty symptoms were observed, either in themselves or their parents. I think I have seen it most frequently in those of a scrofulous constitution. It appears to be hereditary. This I noticed in one of the cases detailed below—No. 5—for the mother of the girl had suffered for very many years from the complaint. It has been frequently observed, too, in several members of the same family. On two occasions have I seen this, two children in each of two families being so affected. In the great majority of cases, as I have said, no cause whatever can be detected. In three children I have seen the incontinence co-exist with impetigo of the head and face; and it was while treating the impetigo in one of those cases by syrup of the iodide of iron, and in ignorance of

the existence of the other disease, that I was made aware, by the mother of my patient, of the good effects of the remedy on the enuresis.

As to the frequency of the attacks, sometimes they occur at night only, and in one night once, twice, or even oftener; sometimes during both day and night, and I have several times seen a poor little patient so bad as to be perfectly unable to keep his clothes dry even for an hour during the day, and the same as regarded his bed during the night. Of course there are milder cases. But those which are incontinent both night and day are always the most difficult of cure. Even the worst cases, however, after all sorts of remedies have been tried in vain, will sometimes effect a spontaneous cure at puberty.

As regards the treatment, there is even more variety here than in the causes, and this is sure evidence that most of the remedies and plans of treatment proposed have given small satisfaction. These may be described under four heads—the "constitutional" remedies, or those calculated to operate on the disease through the system, by correcting some ascertained fault therein; the "moral" treatment; the different "mechanical" means which have been at various times brought forward; and the very numerous class of "specifics."

The "constitutional" embrace means taken to correct over-acidity or over-alkalinity of the urine, if either of these states exist; attention to the diet and regimen, more especially to the regulation of the quantity of drink taken at any particular time of the day or evening; tonics of various kinds, as tincture of iron, strichnine, and cod-liver oil; anti-gouty remedies, if an evidence of this disease is observed; the removal of ascarides from the rectum; cold sponging to the back and loins, and hot baths at bed-time.

The "moral" treatment includes attempts to correct bad habits, by insisting on the patient emptying his bladder thoroughly before going to bed, rising two or three times during the night, and observing regular times of micturition during the day. And then we have, by some injudicious people, a plan recommended, which may be classed either under the "moral" or "mechanical" head—the plan of castigation. This is a method of treatment only to be mentioned to be condemned.

The "mechanical" means proposed comprehend Sir Dominic Corrigan's plug of collodion, which he recommends to be applied to the orifice of the prepuce, thereby

preventing the egress of the urine until the plug is removed, and which, he says, is usually sufficient in about a fortnight to effect a cure. Next, we have Pluviez's compressing pads; Rousseau's urethral-truss applied to the perineum; the application of an elastic band round the penis; the tying a reel on the back so as to compel the patient to lie on either side; circumcision where the prepuce is too long; the mechanical dilatation proposed and practised by Dr. Braxton Hicks, by the injection of warm water into the bladder, when the viscus is contracted; and the practice recommended by some one of passing a small silver catheter every evening.

The "specific" remedies in which most confidence is placed are—belladonna and its active principle atropia; bromide of potassium, alone and with syrup of poppies; cantharides; benzoic acid, where the urine is high-colored and of strong odor; zinc; camphor, and secale cornutum. Besides these, we have a host of others, as—lupulin; large doses of nitrate of potass; the inunction of morphia and veratrine ointment into the perineum; the application of astrin-gents, such as rhubarb, tannin, and iron to the sphincter vesicæ, recommended by Oppolzer; drop doses of tincture of iodine every two hours, lately recommended by Dr. Schmidt, which it seems did good as long as the medicine was continued, but which, when omitted, left no permanent benefit; blisters to the sacrum; nitrate of silver to the prostatic urethra, and the same substance to the urethral orifice. I have tried several of the above remedies, and, before I stumbled upon the syrup of the iodide of iron, found atropia or belladonna by far the most certain and trustworthy. Tincture of iron is much employed, but after frequent and persevering trials with it, I have been always disappointed. During the past two years and a half, twenty cases of incontinence of urine have been treated by me; the medicine invariably prescribed has been syrup of the iodide of iron alone, and so far as I know there has been no failure. I have notes of all the cases, but only eleven in a completed state, since the other nine, who came from a distance, did not return to say what was the result. The probability is that they were cured, otherwise they would not have been got rid of so easily. Uncured cases are those that return upon our hands. At all events, the eleven who did report themselves, or who were continually under observation, were all cured, the improvement in several of the cases following so closely on the ad-

ministration of the remedy as to leave no doubt but that the good effect was due to the syrup. I may mention that Dr. Manson, of Banff, and Dr. Smith, of Kinnairdy, have both found the medicine equally satisfactory. Dr. Smith says that he tried it only a fortnight ago, in a boy who for a long time had been sad martyr to both diurnal and nocturnal incontinence, and who had resisted all other remedies, but upon giving him the iodide, in two or three days he was all but well.

I now give shortly the eleven cases of which I have completed notes, and the first of these is that which suggested to me the remedy.

CASE I.—April 13, 1868.—Helen W., aged 14 years, has impetigo of the head and face; ordered half-drachm doses of syrup of the iodide of iron three times a day, and some diluted citrine ointment as a local application. April 30.—Reported cured. From this time down to June 12 she got no medicine, when the girl herself came to me, telling me she had nocturnal incontinence. In the hurry of the moment, and without asking any questions or her volunteering any statement about the duration of the complaint, I ordered tincture of iron. She continued to take this till October 9 without any benefit, when I ordered tincture of belladonna. She returned on December 2, saying this, too, had done her no good. Her mother, who accompanied her, now told me that during the time the girl took the medicine for the eruption on the head and face, and for about a month after, she had no incontinence, and that the complaint, which had existed from childhood, had defied every means tried to cure it up to that time. It had, however, returned, and she wished to get the same medicine. I ordered it as before, and on December 23, she returned to say she had wetted the bed only four times since she got the medicine. I repeated it. On February 6, she reported that she had only had incontinence twice since last date, and none at all for the last twenty days. April 1.—Has not wetted the bed since last date, and only twice since December 23. I have often seen this girl since, and she has had no return up to the date of my writing.

CASE II.—December 5, 1868.—James S., aged 10 years, a poor, scrofulous-looking creature, with cough and purulent sputa, and other phthisical signs and symptoms, no appetite; ordered iodine externally, and syrup of the iodide of iron in twenty-five-minim doses after meals (I heard nothing at this time of the incontinence). December

22.—Decidedly improved; cough better, and he eats better. I was told to-day that he had labored under incontinence of urine at night for some eight years, without even passing a night, but that since he had got the mixture he had only wetted the bed three times. To increase the syrup to half-drachm doses, and to take cod-liver oil. This boy was in a few days more cured of the incontinence, but in April, 1869, he died of phthisis.

CASE III.—December 23, 1868.—John M., aged 6, has had enuresis for eighteen months, and rarely has passed a night during that time without wetting the bed. Has impetigo of the head and face. Ordered the syrup in fifteen-minim doses. June 4, 1869.—Considerably improved; has wetted the bed only twice since he began the mixture. To increase the dose to twenty minims. February 10.—He is now said to have gone on improving for a week or two, but at the end of that time, and even while taking the medicine, he began to grow as bad as ever. To omit the medicine. February 20.—Immediately on discontinuing the mixture he was no more troubled by the incontinence. May, 1870.—Continues cured.

CASE IV.—February 6, 1869.—Wm. L., aged 4, has for two years labored under incontinence, once every night. He is a puny, delicate creature. Ordered the syrup in fifteen minim doses. March 4.—Improved immediately on taking the medicine. March 21.—Cured. Remained so months after.

CASE V.—October 10, 1868.—Maggie McD., aged 10 years, has had incontinence from infancy. For many years, in spite of various medicines internally, and frequent and severe applications of the rod externally, she has wetted the bed three or four times every night, and during the day she has had to pass water nine or ten times. She never was benefited in the least from any medicine, and belladonna was one of those perseveringly tried. Ordered the syrup in half-drachm doses three times a day. She gradually improved under this mixture, which she continued to take up to May 1, 1869, when she was reported to make water only once during the night, and this not in bed, and only twice or thrice during the day. The cure was steady and gradual. March, 1870.—Remains quite well.

CASE VI.—October 21, 1869.—B. C., aged 7, has had incontinence of the nocturnal variety for two or three years, but wets the bed sometimes only every other night—often, however, many nights in succession. Ordered fifteen-minim doses of

syrup of the iodide of iron before meals. December 10.—Cured. Did not wet the bed over twice after he got the medicine.

CASE VII.—January 10, 1870.—John A., aged 16, has had nocturnal incontinence from infancy; makes water in bed every night three or four times, but occasionally passes a night without doing so. He passes water almost every hour, also, during the day. He is in consequence debarred from farm service; "no one," he says, "will give him a bed; he can only get straw to lie upon." Ordered syrup in half-drachm doses before meals. Jan. 18.—Decided improvement, both as regards day and night. Repeat the mixture. Jan. 31.—Improved. Last night did not wet the bed, nor on the night before the one preceding that. He can now keep his water during the day for more than two hours. Repeat the mixture. Feb. 28.—Cured; has had no return of the complaint since he finished the last mixture.

CASE VIII.—January 19, 1870.—George A. (brother of Case VII.), aged 12, has had nocturnal incontinence ever since he knew. Makes his water in bed every night. Ordered twenty minims of syrup three times a day. March 7.—Decidedly relieved. Does not now pass water in bed oftener than twice a week. Repeat the medicine. March 22.—Has not passed water in bed since last report. June, 1870.—Cured.

CASE IX.—March 20, 1870.—Jeannie L., aged 10, has had nocturnal incontinence all her life; she never misses a night without wetting the bed, and makes water too often during the day. Ordered twenty-minim doses of the syrup of the iodide of iron three times a day. May 13.—Much improved, both as regards day and night. Her mother has great difficulty in getting her to take the medicine. October, 1870.—This girl gradually got better, and remains well.

CASE X.—March 24, 1870.—John C., aged 9, was always a delicate boy, has had incontinence of urine at night for about two months. Ordered the syrup in twenty-minim doses three times a day. May 21.—This boy was quite well before he finished a two-ounce phial of the medicine, and remains well.

CASE XI.—February 26, 1870.—Ann R., aged 8, has been all her life troubled with nocturnal incontinence. She never missed a night without wetting the bed, and sometimes did so twice in one night. Ordered syrup, in fifteen-minim doses, three times a day. March 6.—Not much better—indeed, hardly any; but she did not get the medicine regularly, being at school nearly all

day. Repeat, and give in half-drachm doses regularly. March 16.—Much improved; has wetted the bed only twice during the last eight days. April 14.—Wets the bed only once every ten or twelve nights. August 20.—Has been cured for the past three months.

These cases speak for themselves. It is to be observed about Case I. that even belladonna produced as little good effect as all the other medicines which were tried. Here, as in Case III., there was impetigo co-existent with the enuresis. By the syrup of the iodide she was perfectly and permanently cured in about two months, dating from the time when she was put fairly under the syrup. Case II. seems to have been pretty rapidly cured of the incontinence, even though the boy's general health became worse and worse. Case III. is a curious one, and would do very good service to the homeopaths in support of their *similia* theory. When this boy was put on the syrup, he soon began to improve, and went on improving for several weeks; but at the end of that time matters assumed another aspect, for he began to retrograde, and soon became as bad as ever. In the face of this, I told his parents to discontinue the medicine for a little, so that I might take the case into consideration with reference to the exhibition of some other medicine. I resolved to give the boy belladonna, but, when I called to prescribe it, was told that whenever he ceased to take the syrup he was at once relieved. Unless in this case, I never knew or heard of the medicine producing incontinence. Case V. was one of the worst cases I have seen. The girl's mother was for many years afflicted severely in the same way, but became cured spontaneously. Seven months were required for her daughter's cure. Case VI. was not a bad one, but the boy's cure was almost immediate. Case VII. was a very bad one, and some six weeks were required for the recovery. Case VIII., brother of the last, was not quite so bad, but more difficult of cure. The remaining three present nothing of importance. The number altogether is not great, but these are all the patients so affected that I know of in our district, and I think the result of the treatment speaks for itself. A more extended use of the remedy will of course decide as to its value, but the success that has followed its employment in my hands warrants me in calling the attention of others to its efficacy. As to the *rationale* of its action, that is a matter difficult to determine; it may either act constitutionally as a general

tonic, but it would almost seem as if the drug had some specific influence upon the sphincter of the bladder.

[Since writing the above, I notice in the *Lancet* for November 19 an account of two cases of incontinence treated by Dr. Thompson, of Peterborough, with chloral hydrate, and with good results. I can easily imagine that that substance would do well in the complaint, and will try it, first opportunity. I may also add that when called upon a day or two ago to prescribe for a case of impetigo in a child of six years, and on asking if during the attack she had suffered from incontinence, her mother replied that the child had for about a week passed her water in bed every night, a thing she had never done before, but that, when the pimples began to "settle down," the incontinence disappeared. The child got no medicine.]

—*London Med. Times and Gazette.*

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY F. W. DRAFER, M.D., BOSTON.

The Society met February 25th, Dr. Geo. C. Shattuck presiding.

Dr. Bowditch read notes of a case of aneurism of the thoracic aorta, and exhibited the *post-mortem* specimen. The patient, a man aged 38 years, had shown symptoms of the disease during seventeen years, having experienced severe paroxysmal pain in the region of the heart, with occasional orthopnoea, increasing in severity and frequency as the disease progressed. He entered the hospital one year ago, and during his stay there the treatment by supine position was rigidly carried out. Marked relief to all the distressing symptoms was thus obtained, although the aneurism developed progressively.

About four months before his death, the patient awoke suddenly from sound sleep, with a feeling of intense pain in the region of the swelling, which had now become quite prominent between the sternum and the left nipple. Venesection to the amount of 3x., and subsequently to 3vij., with ice applied locally, gave partial relief. After this incident, decline was continuous until his death.

At the autopsy, the aorta was found to have undergone atheromatous degeneration just above the semi-lunar valves, and the artery had expanded laterally into a large

aneurismal sac, partially filled with fibrinous layers and connecting with a secondary sac, which was probably the result of the rupture four months before death.

Dr. Bowditch had tried the same method of treatment by position in another similar case, and with marked relief to the distressing symptoms. The obvious difficulty is in inducing patients to submit themselves to a remedy which their excessive dyspnea would appear to make impossible; this disinclination, however, disappears when the treatment is initiated. In cases reported in European journals, the success avowed might be due as well to the strictly regulated diet as to the enforced position.

Dr. Borland remarked that while the patient above mentioned was under his care during the summer, he experienced great comfort from a sun-bath, even in the hottest days.

Dr. John Homans reported a case of excision of the elbow-joint, and exhibited the fragments of bone removed. A man, weighing 250 pounds, had fallen from a roof, forty feet, to the frozen ground. The elbow suffered a compound, comminuted fracture. Death occurred fifty hours after the injury. At the autopsy, the right kidney was found thoroughly lacerated, and the liver was likewise extensively disintegrated. There was no sign of external contusion.

Dr. Borland reported two cases of tumor of the brain. This paper will appear in a future number of the JOURNAL.

Dr. Webber remarked of the tumor, in the second of the cases (the specimen was shown), that when recent, its tissue was soft, but it acquired its present hardness after treatment with chromic acid and alcohol. At his first microscopical examination, he considered it essentially a glioma; but, subsequently, after hardening, fibrous tissue was seen, and he now thought it a specimen of the rare fibro-glioma, originating probably in the auditory nerve.

Dr. Webber reported four cases of paralysis of the hand and fingers from pressure on the arm, and presented one of the cases, at present under treatment. The man had awakened in the morning with numbness and prickling in the hand. It persisted two months, but was now gradually yielding to galvano-electricity and friction. The paralysis of motion had been absolute; the hand had been puffy, its circulation sluggish, and the electro-muscular contractility diminished.

Dr. B. J. Jeffries exhibited Hebra's plates of eczema marginatum and described the disease. He specially emphasized its para-

sitic origin, and insisted that treatment should be directed to that character. The disease is very intractable, appearing generally on the scrotum in males and spreading thence to the adjacent thighs, nates and abdomen, giving rise to great itching and irritation.

Dr. J. C. Warren reported a case of punctured wound of the ilium. An ordinary four-pronged table-fork was forcibly driven through the clothing, skin and muscle to the ilium, and, in the efforts to extract, two of the steel points were broken off. After a few days, the patient presented herself to Dr. Warren, who cut down and removed the fragments, one from the bone and the other from the periosteum.

Dr. Bowditch stated that he had lately seen a case presenting the characteristic features of locomotor ataxia, the patient being addicted to the inordinate use of tobacco. The symptoms subsided with the giving up of the tobacco.

Dr. Treadwell presented a resolution in approval of the recent action of the Commissioner of Pensions at Washington, in removing irregular practitioners from their positions as pension-surgeons, and urging the Secretary of the Interior to appoint to that position regular practitioners only, and preferably those who have served in the army. The resolution was adopted unanimously.

The Society adjourned.

RHODE ISLAND MEDICAL SOCIETY.

At the last quarterly meeting of the Rhode Island Medical Society, held at Providence, on motion, Drs. Newhall, Parsons and Harris were appointed a committee to nominate delegates from the Society to attend the annual meeting of the American Medical Association, to be held in San Francisco, Cal., in May next. The following named gentlemen were appointed:—Drs. Collins, Morton, Peckham, Capron, Eldredge, Turner, Shaw, Bullock, Wiggin, Brown, Jenkes and Griffin. Drs. Morton and Caswell were appointed delegates to the Massachusetts State Medical Society.

Dr. O'Leary reported a case of fracture of the skull. A man of 60 years, while at work last December, digging, was struck on the back of his head by a bucketful of earth, which fell about 60 feet, causing the fracture, a dislocation of left shoulder, and other injuries. Drs. O'Leary and Browning removed broken pieces of skull from a space nearly as large as the hand. No inflamma-

tory symptoms followed, and the patient recovered.

Dr. C. T. Gardner read a paper on Membranous Croup, and gave an account of a case where he performed tracheotomy. The president, in commenting upon the case, said that "there had been nine cases of tracheotomy performed here within six months, with two recoveries; while only three had previously been done in this State for croup, all of which were fatal." A general discussion on croup followed.

Dr. Geo. Capron read a paper upon Ergot and its Medical Uses.

Dr. Clapp, of Pawtucket, read the notes of a case of Vesico-Vaginal Fistula, after which the thanks of the Society were voted the gentlemen for their valuable papers.

Bibliographical Notices.

The Change of Life in Health and Disease. A Practical Treatise on the Nervous and other Affections incidental to Women at the Decline of Life. By EDWARD JOHN TILT, M.D., Vice President of the Obstetrical Society of London, &c. From the Third London Edition. Philadelphia : Lindsay & Blakiston. 1871. Pp. 292.

The work of Dr. Tilt, which appeared a number of years ago, and which has always been regarded with much favor by the profession, has been considerably enlarged, and comes to us in very attractive shape from the Philadelphia publishers. The period of a woman's life at and after the ménopause has justly been considered a critical one. The functional derangements of earlier years are governed and controlled by influences other than those which rule in her later years; and her diminished vitality gives less strength of resistance to agencies which, at this period, begin to assert their power. The diseases of the change of life have had the most careful study and a conscientious treatment by Dr. Tilt. As in the edition of his book thirteen years ago, he has devoted several chapters to the physiology of the change of life and to the principles of pathology and the treatment of diseases at that time. The remainder of the work is occupied with a discussion of the disease affecting the various organs, the chapters being devoted to diseases of the ganglionic nervous system; the brain; neuralgic affections; diseases of the reproductive organs, of the gastro-

intestinal organs, &c. Dr. Tilt's clear and concise style makes the book at once a pleasant one to read and an easy guide to follow, and we are quite sure it is the most valuable one we have on the subject.

Elements of Medical Chemistry. By B. HOWARD RAND, M.D., Professor of Chemistry in Jefferson Medical College. Second Edition, revised, with Additions. Philadelphia : J. B. Lippincott & Co. 1871. Pp. 420.

This book is an interesting compendium of what should be known by the student in chemical physics, general, organic and inorganic chemistry, and, finally, strictly medical chemistry. Indeed, it is intended for the use of students in medicine, though it will be found of service to the practitioner. It is, in fact, a full set of notes of the author's lectures in Jefferson Medical College, and we are sure that students who use the work as their text-book during the lecture season, will go back to it with satisfaction in their professional life to refresh their memories on points of chemical lore.

A Treatise on the Chronic Inflammations and Displacements of the Unimpregnated Uterus. By WM. H. BYFORD, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Chicago Medical College, &c. Second Edition, enlarged. Philadelphia : Lindsay & Blakiston. 1871. Pp. 248.

This volume is devoted to the consideration of that large list of symptoms called nervous or sympathetic, which, although not exclusively confined to women, are more frequently found to manifest themselves in them; and, in the second place, to those diseases of the uterine system which are frequently the causes of the nervous symptoms named. Dr. Byford belongs to the class of physicians who believe in the great sympathetic influence of the uterus, and who consider inflammation and its accompanying effects to be the conditions upon which its sympathetic energies depend. He therefore takes up the various manifestations of disease in the different organs and examines each one carefully, and also criticizes the symptoms more immediately connected with uterine disease. A study of the diseased condition of the uterus then follows; and a considerable space is devoted to the treatment of uterine diseases, and especially to the mechanical means and topical applications used for

their alleviation. The work is carefully written, and is a good handbook for the practitioner. A fair index closes the volume.

In connection with the subject of indices, we cannot help expressing a thought which has many times come to our mind as we have been called on to review the books placed before us. A good index is one half the book to a working man. With it almost any book has a certain value; without it the best book must often be thrown aside, because the facts sought for are not to be found at the most critical moment. Books on general or special medicine and surgery are used by the common practitioner as assistants in his daily work. He constantly refers to them, and wishes to know at a glance what they contain on a given subject to help him out in a critical case. To the more elaborate student of medicine, or to the writer on medical subjects whose shelves boast several works on the same or allied subjects, books only become valuable as they furnish ready means for comparison, concurrent testimony on mooted points and mention of isolated or rare facts. To both of these classes a meagre index becomes a serious hindrance to the facility of everyday work. Many of our English and French authors entirely ignore the necessity of an index, and others make it so brief as to be nearly useless. For instance, we have before us one of our most reliable surgical text-books; many of the subjects which should be treated in a handbook are not spoken of in the work, but, in addition, some of those mentioned fail to appear in the index. Fissure of the palate or cleft palate is only found under the head, Palate; Pott's disease, or angular curvature or Pott's curvature is included under the general term Curvature of the Spine; plugging of the nares, though described in the work, does not find a place in the index, &c. It is true, all the subjects treated may be found after a prolonged search; but we constantly feel, in working up a subject, that much of our labor might be spared if the author would enter his subject under the several synonyms known to the profession—one only of which might occur at the moment to the busy mind of the practitioner—and would make more frequent use of cross references, as we find very happily done by authors who have perhaps suffered in a similar manner themselves.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 13, 1871.

NEW MEDICAL JOURNALS.

If the National Medical Association is capable of exerting any important influence in the elevation of the tone of the profession throughout the country, we hope it will use it primarily in the *education* of our brethren; in suggesting and *demanding* that they should be more thoroughly fitted for the position of physicians before they can be received into fellowship. The lay public needs a more competent corps of medical men than it did fifty years ago, and those of our body who have failed to spur on to meet the coming light must hold an inferior place in the race for professional advancement.

But, to help on this forward movement, to give the older men the stimulus which their increasing years demand, and the younger the pabulum wanted for their life work, we need a good, strong periodical literature, with an invigorating, tonic snap to it, such as should characterize a University stroke oar; and vitality enough to infuse a due portion of muscular Christianity into the whole of our professional University crew. Such has been the warcry of the profession for a number of years: "give us better journals; let us have the experience of the working men; place before us the matured ideas of the thinking men; let us know the most recent views of the profession at home and abroad"; and it has been the aim of all our best journals to meet this demand and to satisfy this want. Laboring under great disadvantages, we still ask our brethren to give us their aid, that we may do our share in benefiting the whole professional body corporate.

The character of our medical literature has been freely discussed during the past few years. In America we see, as a rule, only the superior foreign journals; those of inferior character seldom reach the general reader; but, comparing a large number of foreign journals, as we of the press are constantly obliged to do, with those of our

own country, we cannot fail to see that the same disparity exists in their character; good and bad medical journals are published in Europe, as in America. We look with satisfaction at the position which our standard periodicals, both general and special, hold; on the other hand, the existence, the rise and fall of a multitude of lesser lights serve to give a character of instability to medical literature in general, and to detract from the authority which it ought to possess.

Within a very short time, we have found on our table the first number of some half a dozen new journals. One or two of them give promise of true metal; but, without being captious, we fail to see what advantage can be obtained by the publication of the remainder.

We quote from one of our youthful contemporaries certain passages, *verbatim et literatim*. The Editors call upon their friends to "lay down all jealousy, modesty and reserve, and come boldly to the rescue and by our united labors and best efforts seek to build up medical science in our midst to the great elevation of the professional standard as well as to the ultimate good of our community." How far they are likely to succeed we leave to our readers. Speaking of the treatment of cerebro-spinal meningitis, in which, from his own account, he has had very marked success, the author says:—

"At the same you are carrying this out give from twenty to sixty grains of Calomel followed by from forty to eighty grains of Bromide of Potassium in solution, these to be repeated every two or three hours. We have formed by the introduction of the calomel and potassium simultaneously into the stomach, the Bromide of mercury, a preparation highly calculated to arouse the absorbent and secerent systems, a very important consideration in the successful management of this formidable disease. After administering the two agents above alluded to give twenty to forty grains of the sulphate of Quinine this to be repeated every two or three hours. If the stomach seems disposed to eject its contents, give twenty grains of the solid extract of *Hyscocyamus* weighted down with twenty grains of calomel, the latter acts as a ballast to retain the Henbane on the stomach until it

allays all irritation of this organ, we have never failed even in the most obstinate cases to quiet the stomach with this remedy.

* * * * * To give the reader an idea of the quality of the different medicine enumerated in this article, which can be administered to a patient suffering from this disease, we give the quantity used in two cases suffering from this disease, the first case was that of a stout able bodied negro who we attended last spring in an attack of cerebro-spinal meningitis, we administered to him inside of eighteen hours, one ounce and a half of calomel, one ounce and a fourth of sulphate of Quinine, and two ounces of Bromide of Potassium, there was no ill effects that followed this treatment. The second case, Mr. H.—of Jonesboro, Ga. to whom we were called in consultation by Dr. Venable, the attending physician, who placed the patient on our mode of treatment successfully before I was called in. This patient took inside of twenty four hours one ounce and a half of Potassium, about one ounce of Quinine and ten drachms of calomel—yet with this and the persisant use of saline cathartics and the syringe it was twenty-six hours from the time the treatment was commenced before we succeeded in getting a thorough action on the bowels—this patient suffered no ill effects from the medicine employed, but made a rapid convalescence. Under this mode of treatment we have never lost a single patient, out of about fifty cases treated by us individually. The last mentioned case was the only one out of thirty or more cases which occurred in and around Jonesboro that recovered."

We have not space to give other equally remarkable passages from the same journal.

We certainly agree most heartily with another of our young contemporaries from one of our busy Western cities when it says:—

"It is just and necessary that we of the West be heard upon the vitally important question of medical education. That a radical reform of the present system, and 'a higher standard of preliminary acquirement for those who desire to enter upon the study of medicine,' is demanded by every consideration of humanity and the honor and welfare of the profession, is admitted by every attentive observer. But the schools dare not attempt any substantial reform until the general voice of the profession calls for it, and it is through the journals that a popular opinion upon the

subject is to be created and expressed. This, then, is a part of our mission."

We extend the hand of fellowship most cordially to all new enterprises which are in *the advance*; with the increase of population in new regions and the influx of fresh medical men, new literature must be placed in their hands; but medical journalism must certainly take a position which we can *respect*, otherwise we must denounce that which we would gladly approve.

ARRANGEMENTS FOR THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION ON TUESDAY, MAY 2, AT SAN FRANCISCO, CAL.—For the convenience of permanent members and others desiring to attend the meeting of the Association at San Francisco, we publish the following facts, which have been sent us by Dr. H. A. Martin, Committee on Transportation for New England. They will serve as a reply to numerous inquiries which have made of us by our correspondents. Arrangements for reduced fare from Boston to Omaha and return, will be completed in season for publication in our next number.

Union Pacific Railroad.—From Omaha to San Francisco and return, \$125. Tickets good for 60 days, and sold *only* to holders of certificate from Permanent Secretary. This includes the wives and families of *all* who desire to participate in this excursion. Each person must be named in the certificate.

From Harrisburg to Omaha and return, \$49. From Philadelphia, \$53.20. Tickets sold *only* to holders of certificate as above.

To Omaha from Cincinnati, Louisville, Nashville, one fare for the round trip. From Washington, \$59.30.

Local arrangements have been made with other roads; hence application should be made at starting for *excursion* tickets.

Time.—From Omaha to San Francisco, nearly 4 days; to Omaha from Boston, 64 hours; New York, 62 hours; Philadelphia, 58 hours; Washington, 60 hours; Chicago, 22 hours.

Meals at convenient points, and good, 75 cents to \$1.00.

Sleeping Cars.—Each double berth, Omaha to Ogden, \$8; Ogden to San Francisco, \$6. Passengers will be taken by the Pacific Mail Steamship line, *via* Panama, at one-third less fare, either way. Tickets

sold *only* to holders of certificates. Those desiring certificates should apply immediately, enclosing stamp.

N. B.—It is suggested that as many as possible should be at Omaha by April 26th or 27th, at the latest, reaching San Francisco the day before the meeting.

ARE LEADEN WATER PIPES SAFER THAN THOSE MADE OF "GALVANIZED IRON?"—*Messrs. Editors*.—The Board of Melrose Water Commissioners have lately distributed an official circular addressed to "Spot Pond Water Takers in Melrose," in which they beg such of their citizens as have attached galvanized iron to their service-pipe "to remove such pipe at once, and substitute either iron lined with cement, or lead, which, according to analysis below, may be considered comparatively safe." In this analysis (made by J. R. Nichols & Co.), after statements of the extent to which oxide and carbonate of zinc have been found in specimens of Spot Pond water drawn through and confined around "galvanized iron," we find the following: "It is proved by our investigations that the use of galvanized iron service-pipes in conducting Spot Pond water is highly dangerous to health, and should under no circumstance be permitted. The action of the water upon leaden pipes corresponds with that taken from Cochituate Lake, and from Round Pond in Haverhill, Mass." Then follows a statement that after a while an insoluble carbonate of lead is formed, which coats the pipe and prevents further action of the water upon the lead; and the chemists' report closes thus: "It is apparent that of the two varieties of service-pipes, those constructed of lead are far less dangerous, as, under ordinary conditions, the action of the water is protective in the way described."

Here there is a very earnest official circular condemning galvanized iron water pipe as *very poisonous*, and commanding *lead* pipe as virtually safe for conducting the water in question. Were the influence of this circular to be confined to the town of Melrose, an "outsider" might well content himself with calling the attention of the Melrose physicians, who are the natural guardians of the health of their town, to the danger which, in the opinion of many of their professional brethren, threatens their charge; but as the circular will surely be read and quoted very widely, it seems proper to spread a counter-warning as widely as is possible without appealing

to an incompetent tribunal. Let physicians observe that the testimony in regard to zinc poisoning as following the use of galvanized (zinced) iron water pipes is *chemical, not medical*. Chemists are competent to say whether certain substances are contained in a given water, but physicians alone are competent to investigate and pronounce upon the effect which such substances exert on the human organism; and it does not appear that any such medical investigation has resulted in a verdict against the oxide and carbonate of zinc as rendering drinking water poisonous, or even against water drawn through galvanized iron as having actually caused disease. This is said with full knowledge of the fact that the chairman of the Melrose Water Commissioners has had serious disease in his family, and has lost one child from what his (homeopathic) physician pronounced zinc poisoning, the zinc being no doubt derived from galvanized iron. Whether the physician's diagnosis was correct may be judged from reading his report, printed in the *Boston Journal of Chemistry* for February last. To me it seems very insufficient evidence on which to substitute lead for zinced iron water pipes. The poisonous influence of lead water is well established; against "galvanized iron" water only a suspicion lies, and it is to be hoped that physicians will not be so startled by the information that the latter contains oxide and carbonate of zinc as to jump to the conclusion that its use is dangerous, and by endorsing among their patients the Melrose circular, encourage the use of leaden water pipes. If the community can be supplied with a really *practicable* iron pipe lined with cement for distributing water within dwelling houses, it will be a great improvement on anything we now possess. But at the present stage of the water-pipe question, let the medical profession read the paper on lead pipe in the second Report of the Massachusetts Board of Health, and with this additional evidence before them, hesitate before recommending lead as a safe material for water pipes.

F. WINSOR.
Winchester, April 6, 1871.

The following Circular has been sent to every town in Massachusetts during the present week:—

COMMONWEALTH OF MASSACHUSETTS. STATE BOARD OF HEALTH, Boston, April 10th,

1871. *To the Mayors of Cities, and Selectmen of Towns, in Massachusetts.*

GENTLEMEN.—At a meeting of the State Board of Health, held April 5th, 1871, we were directed to communicate with you on the subject of vaccination. There is reason to believe, from information received from various parts of the State, that a very large number of people, of all ages, are, at the present time, unprotected against smallpox. The laws of Nature governing the spread of epidemics are not always clearly understood; but we know that smallpox may certainly be propagated among the unvaccinated, by contagion or infection; and this not only by actual contact of person or clothing, but also through the air surrounding those affected with the disease. Moreover, there is much evidence to make it probable that a marked disposition to contract the disease exists at certain times, and spreads over a great extent of territory. Before vaccination was introduced by Dr. Jenner, this "epidemic influence" was perfectly evident, occurring at various intervals, and sometimes more than once in a generation. This same "epidemic influence" may be also traced in the present century, and when it occurs those who are not protected by complete and efficient vaccination are exposed to great danger. The present epidemic of smallpox in the city of New York, and the recent outbreaks at Holyoke, and several other towns of this State, should be taken by us as warnings to be prepared for this loathsome and destructive disease. By the use of your personal influence, and the exercise of as much of the complete authority given you by Chapter 26, Sections 27-31, General Statutes of Massachusetts as may seem expedient, we believe that many lives may be saved, and much suffering avoided in the future. And we would especially urge upon you the importance of protecting the people, by careful vaccination, before smallpox appears among you.

We remain, in behalf of the State Board of Health, Very respectfully,
Your obedient servants,
HENRY I. BOWDITCH, Chairman.
GEORGE DERBY, Secretary.

THE NEW YORK FREE DISPENSARY FOR SICK CHILDREN.—There is surely no subject which presents itself with more absolute and increasing force to the reflecting and affectionate heart, than that of the duty of affording relief to those of our fellow-crea-

tures whom poverty and crime shut out from the relief which can be given by medical science. That this sense of duty is the more readily aroused when the sufferers are little helpless children, is explained by the fact that these little ones appeal to the parental instinct, the noblest in our nature.

The necessity of institutions where the sick children of the poor may daily receive gratuitous medical and surgical relief, must be apparent to all who give the subject thought, but especially to those who interest themselves in the welfare of the large number of the destitute families whose need of the necessities of life calls for all that the charitable can give.

In order more fully to supplement the charitable institutions of New York, a Free Dispensary for Children has been established, which will be open several hours daily and will furnish medical attendance and remedies to such as may apply. Its success thus far affords evidence of the wisdom of its founders.

The following physicians have been appointed on the attending staff:—

Drs. B. F. Dawson, John C. Jay, Jr., S. F. Morris, David Magie, Norton Folson, Frank P. Foster, H. T. Hanks, and E. C. Seguin.

THE NEW ST. THOMAS'S HOSPITAL, in London, as seen from Westminster Bridge, presents, a large and handsome block of buildings, fronting Westminster Bridge-road, and six or seven similar blocks at regular distances, the ends of all of them overlooking the river, extend over an apparently interminable extent of land, and beyond them all comes a range of low, brick buildings, with a tower, which closes the vista. These low buildings are designed for the medical school. The blocks intermediate between them and the bridge are the pavilions containing the sick wards; and the building fronting Westminster Bridge-road contains offices and official, not medical, residences. Solid, handsome, and extensive though the whole no doubt is, the peculiar arrangement of it in distinct blocks, an arrangement which is especially marked from this side, diminishes, as such a disposition of plan cannot fail to do, the effect which so extensive a building might produce on the spectators. Passing round to the land side, we receive a much more definite impression of immense compact length; the buildings here are much more closely connected together. A long line of lofty iron railings divides the hospital

from a spacious public road, and within these the buildings are almost continuous.

* * * * *

All modern hospitals are now built on what is called the pavilion system, that is to say they are constructed in distinct buildings, called pavilions, standing apart from one another though connected on the lower story, each pavilion being two or three stories high, but only wide enough to contain one ward, so that there may be windows on each side. No London hospital can at present be considered a perfect example of this mode of arrangement, and the planning of several of them is now considered extremely defective; but we have in the Herbert Military Hospital, at Woolwich, a good specimen of the modern treatment of such buildings, arranged, like New St. Thomas's, on the pavilion principle. The different blocks in this latter building are planted at right angles to the river, their end windows looking over it, and the corridors and buildings which connect them together, and which may be termed the back-bone of the whole, are placed on the landward side. This explains why the isolation of the different pavilions is so clearly seen from the river; and the connection of the whole into one mass is more discernible from the land. A homely illustration of the disposition of plan at St. Thomas's would be the head of a garden rake, when the iron represents the corridor, and the different teeth the pavilions.

The large block next Westminster Bridge-road, as already mentioned, contains offices, a board room, a very handsome hall for public meetings, residences, and other apartments connected with the administration of the charity. The wards for the sick are in six pavilions, nearly identical in arrangement, and planted 125 feet apart. The two blocks nearest the centre are 200 feet asunder, and between them stands the chapel, with a public entrance hall under it. The reason of the great space which separates the blocks is the necessity for avoiding all transmission of foul air or infection from one ward to another, a necessity which lies at the root of all modern hospital arrangements.

If we enter one of the pavilions we shall find it connected on the ground floor to its fellows right and left by a corridor of handsome width, and of a length apparently interminable. On the first floor there is a similar communication between the blocks, but capable of being entirely closed if at any time it were wished to isolate a pavilion. Above this level there is no connec-

tion between the pavilions. Each block has its own stone staircase, spacious and easy of ascent, and a hydraulic hoist for the conveyance of patients, and a smaller hoist for their food, fuel, &c. Let us suppose, however, that we use the staircase, and arrive at the first, or second, or third floor. We find near the top of the stairs four moderate-sized rooms, of which one is a ward for two patients, a second is called a consultation room, a third is the "ward kitchen," where all special cooking and preparing of hot diets and applications is carried on; and the fourth is the room of the "sister," or head nurse, with a window looking into the principal ward itself. Each ward is a long, spacious, brightly-lighted room, 15 feet high, 28 feet wide, and 120 feet long. It will accommodate 26 beds; and its walls are pierced by 13 tall windows on each side, and by end windows, which face us as we enter. The floors are oak; the walls and ceiling are faced with the hardest and least absorbent cement, but the lining of the walls has been colored a rather unpleasant, warm color, perhaps too much inclined to a reddish tint.

Openings in the upper part of the walls, screened by iron gratings, tell of provision for ventilation; and the same object has been kept in view in the arrangement of the fireplaces, which we find in the centre of the room. There are three of these fireplaces to a full-sized ward, and each of them stands in front of a very stout iron shaft, extremely like the mast of a ship in a cabin, from floor to ceiling. The smoke flues from the fireplaces are carried up within these shafts, which are themselves air channels for ventilating purposes, and in which the outgoing current will be powerfully stimulated by the action of the heat in the iron smoke flue. There is, in addition, in the roof of each pavilion, a separate provision for the extraction of vitiated air when these fires are not going. A very ingenious contrivance for warming the air that is introduced into the building is to be seen, and felt, in operation in all parts of the structure; it consists of coils of hot-water pipes of much the usual construction, only that each length of pipe has a number of discs cast on it, so as to increase very materially its radiating surface. Of course, in addition to these arrangements, which will be at work at night and in cold weather, the windows can be and will be opened freely. At that end of each ward which overlooks the river, a very pleasant feature has been contrived in the shape of a kind of external balcony in which, in fine

weather, patients can be placed. These balconies have been utilized as prominent features in the architectural treatment of the exterior. The bath rooms and other necessary appendages have been placed in tower-like structures that flank the ends of each pavilion, and are well arranged for their purpose and thoroughly well-ventilated. Two shafts, one for dust and the other for foul linen, descend from each bath room to the basement of the building, and furnish ready means for removing all that it is necessary to get rid of.

The description of one ward, with its attendant rooms, &c., will apply to all on the three principal stories of each pavilion. The attic stories are devoted to the attendants and nurses, and are suitably divided into small separate sleeping rooms, with a common sitting room. The ground floor in some blocks is to be used as a ward for patients; in others it is devoted to other purposes; for instance, the kitchens occupy that story in the pavilion east of the centre, while the matron's room and linen store are placed in the corresponding position west of the centre.

Certain distant buildings, for the general purposes of the hospital, are reached from the long, main corridor, the one which gives access to the pavilions on the first floor. Among these the most prominent is the chapel, an elegant vaulted structure, with a nave and aisles, and which the liberality of some of the governors is about to adorn with pictures and stained glass. There are also two operating theatres, with their steeply raised seats and a northern light pouring down in floods upon the spot where the now happily unconscious victims of science will be subjected to those horrid, though humane, processes which form the delight at once of surgeons and students. Then there is a compact, distinct building, curiously arranged to afford accommodation to a large number of Miss Nightingale's nurses, for whom a training school exists in connection with the hospital. Another of these separate structures is occupied by the residences of the principal medical officers, and places them where they will be within call at a moment's notice.

That part of the ground story of the hospital which abuts upon the land side has to provide for a large and entirely distinct series of services which has not hitherto been alluded to. A very large proportion of the good done by a London hospital is what it does for its out-patients, who very far outnumber those whom it houses within its walls, and in meeting casualties more or

less severe. Partly by appropriating the lower stories of the building, of which the upper floors serve purposes which have been already alluded to, and partly by adding to them low buildings of a single story in height, the ingenuity of the architect has contrived a very extensive series of rooms for the reception of out-patients and casualties, of which the completeness is as great as the arrangement is excellent. In each department the applicants will pass through in a regular order from the entrance to their waiting-room, from the waiting-room to the physician's or surgeon's room; from thence to the dispensers of medicine or surgical appliances, and will then leave by a different door. The casualties and serious accidents are equally well provided for, and it seems as if nothing could occur in the working of even so vast and complicated an establishment as a hospital for more than 600 beds which had not been foreseen and provided for.

If we now pass to the low buildings, which are the most remote of all from Westminster Bridge, we shall find ourselves in a well-arranged medical school. A tunnel devoted to the grim purpose of transporting hither the bodies of those who die in the hospital is significantly enough the only direct connection between this building and the main one. Here is a large museum, with galleries at various heights, and full of cases for specimens; a much more modest room serves as library, and the contrast between the two serves to enforce the superiority of specimens as a means of education for the medical student compared with books. Here a large laboratory is in course of being fitted up, and adjoining it is a chemical lecture room. On the other side of a passage we come upon the anatomical lecture room, with adjoining it the airy and light, yet forbidding-looking, set of rooms which are connected with *post-mortem* examinations and the dissecting rooms. The last room of all—and there is something of pathos about the fact—is a waiting room for funerals and small appropriately-fitted mortuary, where the bodies of the patients who have died can be seen by their friends. The neat funereal air of this little chamber and the narrow space allotted to each body seem as if they almost mocked the magnificent extensiveness of every other part of the arrangements, and would point a moral, the subject of which should be a small account of the poor wretch who, after science has done for him all she can, but in vain, and after he in turn has yielded to science such knowledge as the skill of the

dissector or the acumen of the student has been able to extract from his case, is brought hither when nothing more can be done for or with him. He is of no further account now, fit only to be "taken away by his friends." * * * *

The number of beds provided for is about 600. The cost, including the site, for which £90,000 was paid, will approach, if it does not touch, £400,000, or at the very high rate of £630 per bed. With the land the outlay will be close to half a million sterling! The building is of brick, the main walls being principally built with gault brick, and faced with red bricks from Fareham, similar to those employed in the Royal Albert Hall.

DEATHS OF PROFS. WAGNER AND NIEMEYER.

—Among the victims whom the medical profession has furnished in connection with the recent Franco-German war, have been two men of more than common note—Prof. Albrecht Wagner, of Königsberg, who died at Dole on February 15th; and Prof. Felix von Niemeyer, of Tübingen, who has died lately at Nancy. The cause of death in both cases was typhoid fever, contracted in the discharge of duty. Dr. Wagner was well and favorably known in Germany for his works on the Resection and Regeneration of Bones (translated a few years ago by the New Sydenham Society), on Hydrophobia, Diabetes in connection with Carbuncle, Resection of Nerves, &c. On hearing of his death, the Crown Prince addressed to the Albertus University at Königsberg a letter expressive of his regret at the occurrence, and his esteem for the deceased. Dr. Wagner had been attached to the army of Gen. von Manteuffel as Surgeon-general. The name of Felix von Niemeyer has become well known among us through the translations of his excellent Text Book of Practical Medicine and his Lectures on Phthisis. He was Director of the Field Ambulance at Nancy. In the deaths of Wagner and Niemeyer a great loss indeed has been sustained by medical science.—*British Medical Journal*.

CASTRATION FOR EPILEPTIC INSANITY.—Dr. Mackenzie Bacon, in the *Practitioner* for June, cites a case of removal of the testes in a lad who had brought on epilepsy and imbecility by self-abuse. The result was an improvement in every way, including a marked increase of intelligence. Dr. M. thinks the operation would be beneficial to many insane epileptics.—*Pacific Med. Jour.*

Medical Miscellany.

AMERICAN MEDICAL ASSOCIATION.—In addition to the information furnished on page 251, regarding transportation to the Convention at San Francisco, we learn that permanent members and delegates appointed by societies and medical institutions may obtain tickets between Boston and Omaha and return for \$56.00—or at a discount of one-third from regular rates. *It is essential that a certificate of the member's right to a ticket or tickets be obtained from the Permanent Secretary, Dr. W. B. Atkinson, Philadelphia.*

UNIVERSITY COURSES OF LECTURES.—The courses of lectures by Drs. C. J. Blake, H. W. Williams, and R. Amory, have been announced in our advertising columns. We are requested to state that the lectures by Dr. Blake on Otology, announced as commencing April 5th, are postponed till June.

In addition to the courses mentioned, a series of eighteen lectures will be delivered by Dr. B. Joy Jeffries, on the Anatomy and Physiology of Vision, at Boylston Hall, Cambridge, on Monday and Thursday afternoons, at 4 P.M., commencing April 10th. The lectures cannot fail of interesting medical men. Officers and members of any department of the University, graduates of this and other Colleges, and teachers of public schools have a right to admission. Other persons may be admitted to the course, on the payment of five dollars at the Steward's office.

ST. MARY'S HOSPITAL FOR CHILDREN.—A hospital bearing this title has just been opened, at 206 West 40th Street, New York, by the Sisters of St. Mary, of the Episcopal church, who were formerly in charge of the Sheltering Arms. The medical staff consists of Drs. W. H. Carmalt, Robert Watts, and M. D. Knight.

A NAIVE CONFESSION.—The homeopathic editor of the *Chemist and Druggist* makes, in the last issue of that journal, the curious admission that many of the homeopathic preparations sold as medicine contain not even the billioneth of medicine which they are supposed to administer. The editor says:—

"We are frequently applied to by chemists for tubes, corks, labels, and unmedicated pilules, but without medicines; and although we refuse to supply the unmedicated pilules, confectionary houses are now manufacturing them and selling them to chemists on a large scale. To one of these chemists we rather suspected, we applied for *Lachesis* 2 and were at once supplied, proving its non-integrity."

"The non-integrity of *Lachesis* 2 was assumed because Mr. Thompson had previously stated the quantity of genuine *Lachesis* (snake poison) was so limited that no stronger dilution than the third could be procured."—*Med. Press and Circular.*

SPINAL APoplexy.—Dr. Christian Jorg, in the *Archiv für Heilkunde*, mentions that in ten well observed cases of spinal apoplexy, in which a post-mortem examination was made, there were

two, in which the hemorrhage in the spinal canal was followed by hemorrhage bursting into the cranium. In one of these cases unconsciousness came on suddenly, in the other, which followed in a woman after labor, there was loss of power of various parts of the body. Of the eight cases of hemorrhage into the spinal cord itself, there were only twice any brain symptoms. One, complicated by aphasia, showed as a cause an effusion of blood in the middle of the left hemisphere of the brain. The other, which occurred with rapidly supervening unconsciousness, which quickly passed off, showed a rupture of the ligamentum subflavum and interspinal ligament of the fifth and sixth vertebrae. Here the rupture occurred from a fall from a great height, and a concussion of the brain took place.—*The Doctor.*

TO CORRESPONDENTS.—Communications accepted:—
CASES OF LOCAL PARALYSIS.—A New and Successful Treatment of Paralysis.—Quackery in the Regular Profession.

ERRATUM.—In the last number of the *JOURNAL*, page 235, second paragraph, for "what she has done," read what she has not done.

PAMPHLETS RECEIVED.—The Nineteenth Annual Report of the Committee of Management of the Hospital for Sick Children, Great Ormond Street, London, 1871.

DIED.—In Chelsea, April 9th, John P. Lynam, M.D., aged 35 years.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending April 8, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	95	Consumption 48
Charlestown	12	Pneumonia 28
Worcester	18	Typhoid fever 10
Lowell	21	Croup and Diphtheria 8
Milford	4	Scarlet fever 8
Chelsea	5	
Cambridge	12	
Salem	10	
Lawrence	3	
Springfield	8	
Lynn	21	
Glocester	8	
Newburyport	3	
Somerville	9	
Fall River	9	
Haverhill	2	
	240	

Lowell reports two deaths from smallpox.

GEORGE DERNY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, April 8th, 95. Males, 46; females, 49. Abscess, 1—apoplexy, 1—inflammation of the bowels, 2—bronchitis, 2—inflammation of the brain, 2—disease of the brain, 3—cancer, 2—cyanosis, 2—consumption, 17—convulsions, 2—croup, 3—debility, 4—diarrhea, 1—drosey, 2—dysentery, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 2—gastroitis, 1—disease of the heart, 4—homicide, 1—intemperance, 1—disease of the kidneys, 1—disease of the liver, 3—dengue, 1—disease of the lungs, 3—diseases of the lungs, 1—menorrhagia, 3—measles, 1—neuralgia, 1—old age, 2—ozena, 1—paralysis, 3—premature birth, 2—peritonitis, 1—disease of the prostate, 1—puerperal disease, 1—whooping cough, 1—unknown, 9.

Under 5 years of age, 39—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 16—above 60 years, 19. Born in the United States, 63—Ireland, 23—other places, 9.